

RH 8/7/13

Compost	State of North Carolina	COMPOST
	Department of Environment and Natural Resources Division of Waste Management	Facility Annual Report For the period of July 1, 2012-June 30, 2013

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: City of Sanford

Permit: 5303-Compost-1992

Facility Website (URL):

Physical Address	Mailing Address
Street 1: 601 N. 5th street	Street 1: P.O. Box 3729
Street 2:	Street 2:
City: Sanford County: Lee	City: Sanford
State: North Carolina Zip: 27330	State: North Carolina Zip: 27331-3729 ✓

Primary Facility Contact Person	Billing Contact Person
Name: Larry Craig	Name: Larry Craig
Phone: (919) 777-1206 ✓ Fax: (919) 776-0265	Phone: (919) 777-1206 Fax: (919) 776-0265
Email: larry.craig@sanfordnc.net	Email: larry.craig@sanfordnc.net

1. Tipping Fee: \$0.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Please attach results of monthly temperature monitoring for the period of July 1, 2012 thru June 30, 2013.

3. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2012 thru June 30, 2013. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months, whichever comes first."**

4. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	<input checked="" type="checkbox"/>	6,409	3,119	
Clean Wood	<input type="checkbox"/>			
Sawdust	<input type="checkbox"/>			
Wooden Pallets	<input type="checkbox"/>			
Food Waste	<input type="checkbox"/>			
Animal Waste	<input type="checkbox"/>			
Sludge and Biosolids	<input type="checkbox"/>			
Grease Trap Waste	<input type="checkbox"/>			
Animal Mortalities	<input type="checkbox"/>			
Sheetrock	<input type="checkbox"/>			
Commingled (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
<b>TOTAL</b>		6,409	3,119	

5. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch	3,290		1,706	21	1,563		
Grade A Compost	600		1,800	0	0		
Grade B Compost	1,280		433	3.5	1,280		
Other							
Other							
<b>TOTAL</b>	5,170		3,939	24.5	2,843		

6. Indicate waste received at this compost facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE if received from another state.

[illegible]

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

Grand Total	6,409.00
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If so, please report the date this occurred:

**REMINDER:** According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please send your completed report to:

Robert Hearn  
1646 Mail Service Center  
Raleigh, NC 27699-1646  
phone: 919.707.8292 email: Robert.Hearn@ncdenr.gov

**CERTIFICATION:** I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date: 8-1-13

Name: Larry Craig

**Title:** Solid Waste Superintendent

Phone Number: (919) 777-1206

Email: [larry.craig@sanfordnc.net](mailto:larry.craig@sanfordnc.net)